



NAIC Group Code 1311 , 1311 NAIC Company Code 95844 Employer's ID Number 38-2242827
(Current Period) (Prior Period)

Organized under the Laws of Michigan, State of Domicile or Port of Entry Michigan

Country of Domicile United States

Licensed as business type: Life, Accident & Health [☐] Property/Casualty [☐] Hospital, Medical & Dental Service or Indemnity [☐]
Dental Service Corporation [☐] Vision Service Corporation [☐] Health Maintenance Organization [☒]
Other [☐] Is HMO, Federally Qualified? Yes [☒] No [☐]

Incorporated/Organized 06/27/1978 Commenced Business 02/08/1979

Statutory Home Office 2850 West Grand Boulevard, Detroit, MI, US 48202
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office	2850 West Grand Boulevard
	(Street and Number)
Detroit, MI, US 48202	313-872-8100
(City or Town, State, Country and Zip Code)	(Area Code) (Telephone Number)

Mail Address 2850 West Grand Boulevard, Detroit, MI, US 48202
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records _____ 2850 West Grand Boulevard
(Street and Number)
_____, _____
Detroit, MI, US 48202 248-443-1093
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number) (Extension)

Internet Web Site Address www.hap.org

Statutory Statement Contact Dianna L Ronan CPA, 248-443-1093
(Name) (Area Code) (Telephone Number) (Extension)
dronan@hap.org 248-443-8610
(E-Mail Address) (Fax Number)

Name	Title	Name	Title
Wright L Lassiter III #	President and CEO	Todd E Hutchison #	Treasurer
Edith L Eisenmann	Secretary	Dan E Champney	Assistant Secretary

Marvin W Beatty	Shari L Burgess	Sandra A Cavette MPH RDH	James M Connelly
Colleen M Ezzeddine Ph D	Joyce V Hayes-Giles	Harvey Hollins III	Jamie C Hsu Ph D
Wright L Lassiter III #	Raymond C Lope' #	Jackie Martin	Judith S Milosic
Susanne M Mitchell	Marguerite S Rigby	Kim E Schatzel Ph D	Michelle B Schreiber MD
James G Vella	Susie M Wells		

State ofMichigan.....

County ofWayne.....

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC *Annual Statement Instructions and Accounting Practices and Procedures* manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Wright L Lassiter III
President and CEO

Todd E Hutchison
Treasurer

Edith L Eisenmann
Secretary

Subscribed and sworn to before me this
day of _____,

a. Is this an original filing? Yes [☐ X ☐] No [☐ ☐]

b. If no:

1. State the amendment number _____
2. Date filed _____
3. Number of pages attached _____

Roderick Irwin Curry, Notary
August 14 2020

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Health Alliance Plan of Michigan

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Health Alliance Plan of Michigan

EXHIBIT 3 - HEALTH CARE RECEIVABLES

[illegible]

EXHIBIT 3A – ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

Type of Health Care Receivables	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Claims Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables	6,705,810	5,880,929		6,119,884	6,705,810	3,518,967
2. Claim overpayment receivables .....					.0	
3. Loans and advances to providers .....					.0	
4. Capitation arrangement receivables	8,415,312	1,422,492		3,324,260	8,415,312	8,415,312
5. Risk sharing receivables .....					.0	
6. Other health care receivables	1,588,498	2,185,018		5,806,935	1,588,498	1,588,498
7. Totals (Lines 1 through 6)	16,709,621	9,488,438	0	15,251,079	16,709,621	13,522,778

Note that the accrued amounts in columns 3, 4 and 6 are the total health care receivables, not just the admitted portion.

EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

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ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Health Alliance Plan of Michigan

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Health Alliance Plan of Michigan

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

EXHIBIT 7 - PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

NONE

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1. Administrative furniture and equipment	8,565,389		2,801,514	5,763,874	5,763,874	0
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total	8,565,389	0	2,801,514	5,763,874	5,763,874	0



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Health Alliance Plan of Michigan

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION				Health Alliance Plan of Michigan				2. _____				(LOCATION)									
NAIC Group Code		1311		BUSINESS IN THE STATE OF Michigan		DURING THE YEAR 2015				NAIC Company Code		95844									
		1		Comprehensive (Hospital & Medical)		4		5		6		7		8		9		10			
				2	3																
		Total		Individual		Group		Medicare Supplement		Vision Only		Dental Only		Federal Employees Health Benefit Plan		Title XVIII Medicare		Title XIX Medicaid		Other	
Total Members at end of:																					
1. Prior Year		271,908		4,624		205,720						18,410		43,154							
2. First Quarter		264,896		8,681		195,837						17,020		43,358							
3. Second Quarter		261,002		8,152		192,777						16,717		43,356							
4. Third Quarter		257,390		7,838		189,079						17,149		43,324							
5. Current Year		255,876		7,802		187,651						17,067		43,356							
6. Current Year Member Months		3,123,862		94,081		2,301,239						208,229		520,313							
Total Member Ambulatory Encounters for Year:																					
7. Physician		1,228,556		28,817		846,380						81,776		271,583							
8. Non-Physician		146,037		2,894		103,987						9,821		29,335							
9. Total		1,374,593		31,711		950,367		0		0		0		91,597		300,918		0		0	
10. Hospital Patient Days Incurred		0																			
11. Number of Inpatient Admissions		0																			
12. Health Premiums Written (b).....		1,606,005,036		39,249,720		973,384,512						108,422,768		484,948,036							
13. Life Premiums Direct.....		0																			
14. Property/Casualty Premiums Written.....		0																			
15. Health Premiums Earned.....		1,606,005,036		39,249,720		973,384,512						108,422,768		484,948,036							
16. Property/Casualty Premiums Earned.....		0																			
17. Amount Paid for Provision of Health Care Services		1,439,876,993		26,921,158		863,168,996						103,815,802		445,971,037							
18. Amount Incurred for Provision of Health Care Services		1,425,679,521		27,456,083		854,045,758						103,001,630		441,176,050							

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 486,767,452



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Health Alliance Plan of Michigan

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Health Alliance Plan of Michigan 2. _____ (LOCATION)

NAIC Group Code	1311	BUSINESS IN THE STATE OF Consolidated			DURING THE YEAR 2015			NAIC Company Code			95844
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
		2	3								
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:											
1. Prior Year	271,908	4,624	205,720	.0	.0	.0	18,410	43,154	.0	.0	
2 First Quarter	264,896	8,681	195,837	.0	.0	.0	17,020	43,358	.0	.0	
3 Second Quarter	261,002	8,152	192,777	.0	.0	.0	16,717	43,356	.0	.0	
4. Third Quarter	257,390	7,838	189,079	.0	.0	.0	17,149	43,324	.0	.0	
5. Current Year	255,876	7,802	187,651	0	0	0	17,067	43,356	0	0	
6 Current Year Member Months	3,123,862	94,081	2,301,239	0	0	0	208,229	520,313	0	0	
Total Member Ambulatory Encounters for Year:											
7. Physician	1,228,556	28,817	846,380	.0	.0	.0	81,776	271,583	.0	.0	
8. Non-Physician	146,037	2,894	103,987	0	0	0	9,821	29,335	0	0	
9. Total	1,374,593	31,711	950,367	0	0	0	91,597	300,918	0	0	
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0	
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0	
12. Health Premiums Written (b).....	1,606,005,036	39,249,720	973,384,512	.0	.0	.0	108,422,768	484,948,036	.0	.0	
13. Life Premiums Direct.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
14. Property/Casualty Premiums Written.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
15. Health Premiums Earned.....	1,606,005,036	39,249,720	973,384,512	.0	.0	.0	108,422,768	484,948,036	.0	.0	
16. Property/Casualty Premiums Earned.....	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	1,439,876,993	26,921,158	863,168,996	.0	.0	.0	103,815,802	445,971,037	.0	.0	
18. Amount Incurred for Provision of Health Care Services	1,425,679,521	27,456,083	854,045,758	0	0	0	103,001,630	441,176,050	0	0	

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$486,767,452

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Health Alliance Plan of Michigan

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Health Alliance Plan of Michigan

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

[illegible]

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Schedule S - Part 4

NONE

Schedule S - Part 5

NONE

SCHEDULE S – PART 6

Five-Year Exhibit of Reinsurance Ceded Business
(000 Omitted)

	1 2015	2 2014	3 2013	4 2012	5 2011
A. OPERATIONS ITEMS					
1. Premiums.....	636	690	489	.0	.0
2. Title XVIII-Medicare.....	.0	.0	.0	.0	.0
3. Title XIX-Medicaid.....	.0	.0	.0	.0	.0
4. Commissions and reinsurance expense allowance.....		.0	.0	.0	.0
5. Total hospital and medical expenses.....	3,718	4,695	.0	.0	.0
B. BALANCE SHEET ITEMS					
6. Premiums receivable .....		.0	.0	.0	.0
7. Claims payable.....	221	239	.0	.0	.0
8. Reinsurance recoverable on paid losses.....	3,497	4,455	.0	.0	.0
9. Experience rating refunds due or unpaid.....		.0	.0	.0	.0
10. Commissions and reinsurance expense allowances due.....		.0	.0	.0	.0
11. Unauthorized reinsurance offset.....	.0	.0	.0	.0	.0
12. Offset for reinsurance with Certified Reinsurers.....	.0	.0	.0	.0	.XXX
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F).....	.0	.0	.0	.0	.0
14. Letters of credit (L).....	.0	.0	.0	.0	.0
15. Trust agreements (T).....	.0	.0	.0	.0	.0
16. Other (O).....	.0	.0	.0	.0	.0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust.....	.0	.0	.0	.0	.XXX
18. Funds deposited by and withheld from (F).....	.0	.0	.0	.0	.XXX
19. Letters of credit (L).....	.0	.0	.0	.0	.XXX
20. Trust agreements (T).....	.0	.0	.0	.0	.XXX
21. Other (O).....	.0	.0	.0	.0	.XXX

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	386,188,345		386,188,345
2. Accident and health premiums due and unpaid (Line 15).....	28,330,058		28,330,058
3. Amounts recoverable from reinsurers (Line 16.1).....	3,497,196		3,497,196
4. Net credit for ceded reinsurance.....	XXX	3,718,443	3,718,443
5. All other admitted assets (Balance).....	32,073,236		32,073,236
6. Total assets (Line 28)	450,088,836	3,718,443	453,807,279
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	111,829,208	221,247	112,050,455
8. Accrued medical incentive pool and bonus payments (Line 2).....	0		0
9. Premiums received in advance (Line 8).....	17,600,901		17,600,901
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)	0		0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount).....	0		0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount).....	0		0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount).....	0		0
14. All other liabilities (Balance).....	108,403,422		108,403,422
15. Total liabilities (Line 24).....	237,833,532	221,247	238,054,778
16. Total capital and surplus (Line 33).....	212,255,304	XXX	212,255,304
17. Total liabilities, capital and surplus (Line 34)	450,088,836	221,247	450,310,083
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid.....	221,247		
19. Accrued medical incentive pool.....	0		
20. Premiums received in advance	0		
21. Reinsurance recoverable on paid losses	3,497,196		
22. Other ceded reinsurance recoverables	0		
23. Total ceded reinsurance recoverables	3,718,443		
24. Premiums receivable	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26. Unauthorized reinsurance	0		
27. Reinsurance with Certified Reinsurers.....	0		
28. Funds held under reinsurance treaties with Certified Reinsurers.....	0		
29. Other ceded reinsurance payables/offsets	0		
30. Total ceded reinsurance payables/offsets	0		
31. Total net credit for ceded reinsurance	3,718,443		

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Health Alliance Plan of Michigan

SCHEDULE T – PART 2
INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN

Allocated By States and Territories

States, Etc.		Direct Business Only					
		1	2	3	4	5	6
		Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
1. Alabama	AL .....						.0
2. Alaska	AK .....						.0
3. Arizona	AZ .....						.0
4. Arkansas	AR .....						.0
5. California	CA .....						.0
6. Colorado	CO .....						.0
7. Connecticut	CT .....						.0
8. Delaware	DE .....						.0
9. District of Columbia	DC .....						.0
10. Florida	FL .....						.0
11. Georgia	GA .....						.0
12. Hawaii	HI .....						.0
13. Idaho	ID .....						.0
14. Illinois	IL .....						.0
15. Indiana	IN .....						.0
16. Iowa	IA .....						.0
17. Kansas	KS .....						.0
18. Kentucky	KY .....						.0
19. Louisiana	LA .....						.0
20. Maine	ME .....						.0
21. Maryland	MD .....						.0
22. Massachusetts	MA .....						.0
23. Michigan	MI .....						.0
24. Minnesota	MN .....						.0
25. Mississippi	MS .....						.0
26. Missouri	MO .....						.0
27. Montana	MT .....						.0
28. Nebraska	NE .....						.0
29. Nevada	NV .....						.0
30. New Hampshire	NH .....						.0
31. New Jersey	NJ .....						.0
32. New Mexico	NM .....						.0
33. New York	NY .....						.0
34. North Carolina	NC .....						.0
35. North Dakota	ND .....						.0
36. Ohio	OH .....						.0
37. Oklahoma	OK .....						.0
38. Oregon	OR .....						.0
39. Pennsylvania	PA .....						.0
40. Rhode Island	RI .....						.0
41. South Carolina	SC .....						.0
42. South Dakota	SD .....						.0
43. Tennessee	TN .....						.0
44. Texas	TX .....						.0
45. Utah	UT .....						.0
46. Vermont	VT .....						.0
47. Virginia	VA .....						.0
48. Washington	WA .....						.0
49. West Virginia	WV .....						.0
50. Wisconsin	WI .....						.0
51. Wyoming	WY .....						.0
52. American Samoa	AS .....						.0
53. Guam	GU .....						.0
54. Puerto Rico	PR .....						.0
55. US Virgin Islands	VI .....						.0
56. Northern Mariana Islands	MP .....						.0
57. Canada	CAN .....						.0
58. Aggregate Other Alien	OT .....						.0
59. Totals		0	0	0	0	0	0

NONE

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Health Alliance Plan of Michigan

SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/ Person(s)	*
01311	Henry Ford Health Systems Group	95844	38-2242827				Health Alliance Plan of Michigan	MI	RE	Henry Ford Health System	Ownership	100.0	Henry Ford Health System	0
	Henry Ford Health Systems Group		38-2513504				HAP Preferred Inc		DS	Health Alliance Plan of Michigan	Ownership	100.0	Henry Ford Health System	0
01311	Henry Ford Health Systems Group	60134	38-3291563				Alliance Health and Life Insurance Company	MI	DS	Health Alliance Plan of Michigan	Ownership	100.0	Henry Ford Health System	0
	Henry Ford Health Systems Group		38-2651185				Administration System Research Corporation		DS	Health Alliance Plan of Michigan	Ownership	66.7	Henry Ford Health System	0
	Henry Ford Health Systems Group		27-0449055				HAP Community Alliance		DS	Health Alliance Plan of Michigan	Ownership	100.0	Henry Ford Health System	0
01311	Henry Ford Health Systems Group	95814	38-3123777				HAP Midwest Health Plan, Inc.	MI	DS	Health Alliance Plan of Michigan	Ownership	100.0	Henry Ford Health System	0
	Henry Ford Health Systems Group		38-1357020				Henry Ford Health System		UDP			0.0		0
	Henry Ford Health Systems Group		38-2791823				Henry Ford Wyandotte		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health System	0
	Henry Ford Health Systems Group		38-2947657				Henry Ford Macomb Hospital		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health System	0
	Henry Ford Health Systems Group		38-3146042				PHO of Mercy Macomb		NIA	Henry Ford Health System	Ownership	50.0	Henry Ford Health System	0
	Henry Ford Health Systems Group		38-2947657				Mercy Mt. Clemens Real Estate, LLC		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health System	0
	Henry Ford Health Systems Group		38-2565235				Fairlane Health Services Corp		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health System	0
	Henry Ford Health Systems Group		33-1210726				Neighborhood Development LLC		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health System	0
	Henry Ford Health Systems Group		45-3852852				Henry Ford Health System Employment, LLC		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health System	0
	Henry Ford Health Systems Group		90-0840304				Henry Ford Innovation Institute		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health System	0
	Henry Ford Health Systems Group		38-2433285				Henry Ford Continuing Care Corp		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health System	0
	Henry Ford Health Systems Group		38-6553031				Henry Ford Health Care Corp		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health System	0
	Henry Ford Health Systems Group		23-7383042				Self Funded Liability Plan		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health System	0
	Henry Ford Health Systems Group		23-7383042				Henry Ford Health System Foundation		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health System	0
	Henry Ford Health Systems Group		32-0306774				Henry Ford Physician Network		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health System	0
	Henry Ford Health Systems Group		38-3232668				Northwest Detroit Dialysis Centers		NIA	Henry Ford Health System	Ownership	56.3	Henry Ford Health System	0
	Henry Ford Health Systems Group		45-5325853				Home Dialysis Specialty Center		NIA	Henry Ford Health System	Ownership	30.0	Henry Ford Health System	0
	Henry Ford Health Systems Group		26-0423581				Macomb Regional Dialysis Centers LLC		NIA	Henry Ford Health System	Ownership	60.0	Henry Ford Health System	0
	Henry Ford Health Systems Group		38-1378121				Sha Realty Corp		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health System	0
	Henry Ford Health Systems Group		90-0659735				Center for Senior Independence		NIA	Henry Ford Health System	Ownership	50.0	Henry Ford Health System	0

41.1

PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

Asterisk	Explanation
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Explanation

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Health Alliance Plan of Michigan

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
95844	38-2242827	Health Alliance Plan of Michigan	16,000,000				(427,227,934)			(5,000,000)	(416,227,934)	
60134	38-2513504	HAP Preferred Inc	(6,000,000)				(6,669,268)				(12,669,268)	
	38-3291563	Alliance Health and Life Insurance Compa					(69,686,999)				(69,686,999)	
	38-1357020	Henry Ford Health System					471,124,129			5,000,000	476,124,129	
	38-2791823	Henry Ford Wyandotte					36,357,113				36,357,113	
	38-2947657	Henry Ford Macomb Hospital					43,035,776				43,035,776	
	26-3896897	Henry Ford West Bloomfield					595,034				595,034	
	38-3193008	Downriver Cancer Center					30,263				30,263	
	38-3322462	P Cor LLC					1,950,230				1,950,230	
95814	38-3123777	HAP Midwest Health Plan, Inc	(10,000,000)				(53,716,658)				(63,716,658)	
	38-3232668	Northwest Detroit Dialysis Centers					2,761,288				2,761,288	
	26-0423581	Macomb Regional Dialysis Centers LLC					522,539				522,539	
	38-2651185	ASR Sys Res Corp					(60,000)				(60,000)	
	41-2223561	Henry Ford Pathology					794,208				794,208	
	38-2433285	Henry Ford Continuing Care					141,662				141,662	
	38-1368330	Detroit Osteopathic Hospital					2,067				2,067	
	30-0092342	Center for Complimentary and Integrated					46,550				46,550	
9999999 Control Totals			0	0	0	0	0	0	XXX	0	0	0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING		Responses
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	.....YES.....
2.	Will an actuarial opinion be filed by March 1?	.....YES.....
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	.....YES.....
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	.....YES.....
APRIL FILING		
5.	Will Management's Discussion and Analysis be filed by April 1?	.....YES.....
6.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	.....YES.....
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	.....YES.....
JUNE FILING		
8.	Will an audited financial report be filed by June 1?	.....YES.....
9.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	.....YES.....
AUGUST FILING		
10.	Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?	.....YES.....

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING		
11.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	.....NO.....
12.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	.....NO.....
13.	Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?	.....NO.....
14.	Will the Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	.....SEE EXPLANATION.....
15.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	.....NO.....
16.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	.....NO.....
17.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	.....SEE EXPLANATION.....
18.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	.....SEE EXPLANATION.....
19.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	.....SEE EXPLANATION.....
20.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed with electronically with the NAIC by March 1?	.....SEE EXPLANATION.....
APRIL FILING		
21.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	.....NO.....
22.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	.....NO.....
23.	Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?	.....NO.....
24.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	.....YES.....
25.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?	.....YES.....
AUGUST FILING		
26.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	.....YES.....

Explanation:

11.
12.
13.
14. Not applicable
15.
16.
17. Health Alliance Plan writes Medicare Part D through its Medicare Advantage Plan
18. Not applicable
19. Not applicable
20. Not applicable

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

21.

22.

23.

Bar code:



OVERFLOW PAGE FOR WRITE-INS

M003 Additional Aggregate Lines for Page 03 Line 23.
*LIAB - Liabilities

	1 Covered	2 Uncovered	3 Total	4 Total
2304. Liability for CMS Coverage Gap Discount Program.....	92,077		92,077	861,752
2305.			0	0
2397. Summary of remaining write-ins for Line 23 from Page 03	92,077	0	92,077	861,752

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